

REVOCATION OF PREVIOUS POWER OF ATTORNEY, APPOINTMENT OF NEW POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/973,956
	Filing Date	10/11/01
	Firm Named Inventor	Ronald W. MINE
	Title	Device for Collection of Assay of Oral Fluids
	Group Art Unit	1723
	Examiner Name	D. Sordja
	Attorney Docket Number	036793-052100

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and appoint:

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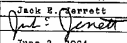
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest according to the assignment and merger documents recorded at Reel/Frame 010329/0653 and Reel/Frame 012107/0817.

SIGNATURE of Applicant or Assignee of Record

Name

Signature 

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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